21502 49745			State of Nebraska Investigator's Motor Vehicle Accident Report Sheet 1 of 2															
2	Total Num of Vehicle				•	Н			HIT & RU	S X NO	X	INVESTIGATION MADE AT SCENE?			? L 1			
A/1 01 A/2	OF ACCIDENT (06/21/2015 S M W H F S TIME OF ACCIDENT 1800																
В	OF ACCIDENT C	ITY	 Lincoln								PRIVATE	YES NO	06/21	/201	5			
84	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. S 12 St/G-H St									ONE-WA	LATITUDE							
с 1	DISTANCE FROM MILEPOST N S E W OF MILEPOST						STREET? S				LONGITUDE							
D	IF AT INTERSECTION IF NOT AT INTERSECTION																	
1	NAME OF INTERSECTING ROADWAY X FEET MILES N S E W OF NEAREST STREET, BRIDGE, RAIL 184.00 X H St							KAILF	COAD C	ROSSING	G							
V1/M 02 V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN N S E W AND N S E W OF NEAREST CITY OR TOWN																	
01 E 2	R. WORK ZONE TO CODES S. PEDESTRIAN S1 S2 S3 S4 S5-a S5-b S6-a S6-b S1ATE DEPT. OF ROADS' PROPERTY? CASSIFICATION CODES OVER 1 R2 R3 R4 S5-a S5-b S6-a S6-b S1ATE DEPT. OF ROADS' PROPERTY?																	
F	DRIVER					VE	HICLE	NO. 1				STATE	1	$\overline{}$			7	
1	DRIVER LICENSE NO. H13451002 DRIVER SHELBY M FREEHLING DRIVER 402-560-3700 STATE (Of License) NE SEX MALE							MALE	-									
1 V2/N		DRIVER ADDRESS 6240 AUBREE AVE, LINCOLN, NE 68516 CITY, STATE, ZIP DATE OF BIRTH (MM/DD/YYYY) 08/05/1993									V1/1							
1	OWNER	WNER PHONE LOCAL NO.										18 V1/2						
G 1	OWNER ADDRESS	OTTEST IN TREE TENTO																
Н	LICENSE P		IO. TGV545								YEAR ate Expires)	2016		STAT (Of Pla	ate)	NE	V1/3	
5 V1/O	7.000.0						/ chrome <											
2 V2/O	VEHICLE ID NO. (V/IN) 1HGCD566XTA301725							Progressive							;			
2	TOWED TO				TOWED BY						POLICY N	1 87040					- 18 V1/6	
1	DRIVER		H13480	100		VE	HICLE	NO. 2				STATE	NE	SE	<u> </u>	FEMALE	25	,
V1/P	DRIVER ERIKA IV			109					PHONE	00	5-5092	(Of License)	LOCAL NO			MALE		
1 V2/P	DRIVER ADDRESS	S		N NE 60		STATE, ZIP			402	-00:	3-3092	DATE OF BIRTH	04/27				V2/1 18	
1	1345 N 20TH ST, LINCOLN, NE 68503 BIRTH (MM / DD / YYYYY) 04/27/1987 OWNER JERALD PARKER PHONE 402-975-7915 LOCAL NO.								V2/2									
01	JERALD PARKER OWNER ADDRESS CITY, STATE, ZIP OUNGER ADDRESS CITATION X YES CITATION NO. Dending No LB46607									V2/3								
V1/Q										YEAR ate Expires) 2015			STAT (Of Pla	ГЕ	NE	V2/4	_	
4 V2/Q	VEHICLE	YEAR MAKE MODEL				BODY ST	door Sedan color chrome				ESTIMATED DAMAGE TOTALED \$ 1500				V2/5			
4 K	VEHICLE ID NO. (VIN)	EHICLE ID 1024 A2620D E211020							INSURANCE COMPANY Viking Insurance						18 V2/6			
10	TOWED TO TOWED BY PC							POLICY NO. 274557507						5				
	Complete this section for all injured persons (Complete a continuation report, if more than three were injured) DATE OF BIRTH (MM / DD / YYYY)							1 Seat Position	2 Eject	3 Body Region	Injury Sev. Ti	5 rans. M	EX // F					
VEH. #	H. # NAME ADDRESS ADDRESS											_						
	LOCAL NO. MEDICAL FACILITY NAME				EMS SERVICE NAME						EMS RUI	EMS RUN REPORT NO.				_		
VEH. #	NAME			AD	DRESS					\top								
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SE	ERVICE NAM	ИΕ				EMS RUI	N REPC	RT NO.			
VEH. #	NAME			AD	DRESS													
	LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME EMS RL							EMS RUI	N REPC	RT NO.								

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS									
THE FOLLOWING	INDICATE BY DIAGRAM WHAT HAP	PENED AGENCY C	CY CASE NO.						
		B5-055	5264						
Indicate North by Arrow									
	(N								
· · · · · · · · ·									
To H St	Not To Sca	<i>le</i>							
S 12 St	Vehicles moved	I prior to arrival							
		ine exact POI; all							
	PC 11' 6" W of E c	• •							
To G St	184' 9" S of S								
<u> </u>									
she observed V1 pulling into the street in front of her b FYROW to vehicle and D2 cited/released for DUS. AF		able to avoid colliding with V1	D1 cited/released for						
OBJECT DAMAGED OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE						
OBJECT DAMAGED OWNER NAME OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE						
NAME NAME	ADDRESS		PHONE						
NAME	ADDRESS		PHONE						
VEHICLE MOVEMENT BEFORE COLLISION VEH N S F W ROAD OR (Enter numbers for	ED AREA VEHICLE 1		TOTAL CCUPANTS VEH 1 1 VEH 2 1						
1 X S 12 St VEHICLE 1	VEHICLE 2		LCOHOL Driver No. 2 Pedestrian ALCOHOL Y Y Y Y						
2 X S 12 St IMPACT U6	OINT OF 08 1 Deployed - front 2 Deployed - side	1 None used - vehicle occupant 2 Lap & shoulder belt used	LEVEL TESTED N X N X N						
1 02	MOST AREA 08 2 Deployed - Side 4 Not deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown	3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used	ALCOHOL/DRUGSSUSPECTED ALCOHOL/DRUGS 1 1 1						
01 Essentially og Leaving traffic lane traffic lane traffic lane og Backing 10 Parked og Changing lanes 11 Slowing or stopped in traffic Passing 12 Other os Turning right 13 Unknown	05 VEHICLE 2 - 4	VEHICLE 2	Neither alcohol nor drugs suspected Yes - alcohol suspected Yes - drugs suspected Yes - alcohol & drugs suspected Unknown						
OFFICER NO. 1724 INVESTIGATOR NAME (Print or Type) TROOP/ TEAM/ BEAT 11	Lincoln Police Departmen	t	Photographs YES taken? NO						
Aaron Peth	Approved by Ofc. Aaron Peth		DATE OF REPORT 06/21/2015						